

ATTACHMENT xx
(To Operate a CSU)

A. SCOPE OF SERVICES

Crisis Stabilization Unit.

By entering into this grant agreement, the Grantee shall provide the services named and defined, and adhere to the eligibility requirements Sections A.1, A.2 and A.3.

A.1. Service Definition:

“Crisis Stabilization Unit” means a non-hospital facility-based service that offers twenty-four (24) hour intensive mental health treatment. The focus is on short-term stabilization (up to 72 hours) for those persons whose psychiatric condition requires twenty-four (24) hour psychiatric care that can be provided in a less restrictive setting than a psychiatric hospital or other treatment resource. If necessary, in order to assure that adequate arrangements are in place to allow for the safe discharge of the service recipient, the length of stay may be extended by up to 24 hours.

A.2. Service Recipients:

Medically stable adults who present in psychiatric crisis situations and are at risk of hospitalization and/or have been assessed as needing a level of care greater than respite or less restrictive levels of care are not available and are agreeable to receive services voluntarily.

A.3. Service Goals:

- a. To stabilize the service recipient and strengthen or develop his/her support system and coping skills while allowing the service recipient to remain in the community during and after the crisis period.
- b. To assist the service recipient in achieving and/or improving his/her prior functioning level following a crisis situation.
- c. To provide an alternative to inpatient psychiatric hospitalization.
- d. To divert service recipients, when clinically appropriate, from psychiatric inpatient hospitalizations and inappropriate incarcerations stemming from their behavioral health conditions.

A.4. Structure:

- a. Crisis stabilization services shall be provided on a twenty-four (24) hour, seven (7) day per week basis for adult service recipients with a diagnosis of mental illness who are at risk for psychiatric hospitalization.
- b. Services may be provided that are not fully funded by TennCare, the Behavioral Health Organizations (BHOs), or the Managed Care Organizations (MCOs).
- c. The Crisis Stabilization Unit (CSU) shall consist of at least 10 beds in a space with semi-private rooms, a dayroom, a reception area, private offices, kitchen facilities, and bathroom facilities appropriate for the number of beds and for serving both male and female service recipients. The space occupied by the CSU shall meet all applicable codes and licensure requirements.
- d. The Crisis Stabilization Unit shall be adequately staffed to meet the needs of the population served.

A.5. The Grantee must identify and provide a process to monitor complaints, improve service quality, and monitor service recipient and unit outcomes.

A.6. The Grantee must report all complaints including the dispositions to TDMHDD on a monthly basis no later than the 15th of the following month.

A.7. Process:

- a. Crisis stabilization services shall be provided to complement existing services funded directly or indirectly by various departments of the state (case management, outpatient psychiatric services, mobile crisis services, peer support centers, etc.) which are not sufficiently able to meet the specialized needs of the population at risk of hospitalization. Services shall focus on the management and stabilization of a mental illness so that the service recipient may, after discharge, utilize available mental health services to maintain psychiatric stability.
- b. The Crisis Stabilization Unit shall provide assessment, triage, psychiatric consultation, medication management, group therapy, illness management and recovery, stress management and coping skills, individual therapy as appropriate, and community linkage services and/or support services.

- c. These services shall be customized to the individualized needs of this high need/high risk population, specifically addressing individual needs in a manner that reduces or eliminates the psychiatric crisis.
- d. Information about services offered, the population to be served, referral mechanisms, and admission criteria shall be provided to other local mental health providers, emergency services agencies, law enforcement, mental health service recipients, families, and advocates.
- e. Submit, in a format prescribed by the State, a monthly progress report to TDMHDD by the 15th of the month for the preceding month. This report shall include, but not be limited to, the following information: number of persons admitted by referral source; number of persons discharged by disposition; number of persons sent directly from the Crisis Stabilization Unit to an inpatient psychiatric hospital/hospital unit; results of service recipient satisfaction surveys; average length of stay; average daily census; funding sources for persons served; transportation services rendered; and complaints and their dispositions.

A.8. OUTCOME – Access:

- a. Other local mental health providers, emergency services' agencies, law enforcement, and other community providers are informed about the services offered at least quarterly, including, but not limited to, the population to be served, referral mechanisms, and admission criteria.
- b. Mental health consumers, families, and advocates are informed about the services offered at least quarterly, including, but not limited to, the population to be served, referral mechanisms, and admission criteria.
- c. Referrals are accepted from other local mental health providers, emergency services' agencies, law enforcement, and other community providers.
- d. Crisis Stabilization Unit services shall be available to any adult in need of these services, particularly service recipients who are seriously and/or persistently mentally ill.

A.9. OUTCOME – Effectiveness:

- a. The number of service recipients transferred to inpatient psychiatric hospitalization will not exceed 5% of admissions.
- b. The percentage of service recipients reporting that the services of the Crisis Stabilization Unit were helpful will exceed 75%.